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P. 01

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28390 7590 02/12/2004

MEDTRONIC AVE, INC.  
3576 UNOCAL PLACE  
SANTA ROSA, CA 95403

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Christine L. Aceves	(Depositor's name)
Christine L. Aceves	(Signature)
5/5/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/902,659	07/12/2001	Graham S. Kerslick	P789 US	2000

TITLE OF INVENTION: X-RAY CATHETER WITH MINIATURE Emitter AND FOCUSING CUP

APPN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/12/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
OEN, WILLIAM L	2855		378-122000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

Medtronic AVE, Inc.

Santa Rosa, CA

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 3 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2525 (enclose an extra copy of this form).

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(Authorized Signature) <i>Christopher L. Walker</i>	(Date) <i>4/30/2004</i>
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03 FC:1506	1151.00 DA

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